2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000015050 **DOCUMENT#**

1. Entity Name

BROSKOWITZ TECHNOLOGIES, INC.



Principal Place of Business Mailing Address 803 SWEETWATER ISLAND CIRCLE 803 SWEETWATER ISLAND CIRCLE LONGWOOD FL 32779 LONGWOOD FL 32779

FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90102 003 ***150.00

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2. Principal Place of Business		3. Polling Address 916268						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		$\stackrel{\smile}{-}$	-			
0.4 0.0		····		1	☐ CHECK	HERE IF MAKI	NG CHANGE	ES
City & State		Longwood, Florida			4. FEI Number 59-3494	1099		Applied For
Zip	Country	Zip	Country	1			\$8.75 A	Not Applicable
	6 Name and Address of Course to	32 M-6268	Semino		5. Certificate of Status Des	_	Fee Requi	ired
6. Name and Address of Current Registered Agent					7. Name and Address of I	lew Registere	ed Agent	
BROSKOWITZ, BARRY 803 SWEETWATER ISLAND CIRCLE LONGWOOD FL 32779				Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Code			
8. The above الجابية. The obliga	e named entity submits this statement for the name of projections of projections of projections are named and the name of the	ne purpose of changing its	s registered office of	or registered	d agent, or both, in the State	of Florida, Tar	m familiar with	and accept
SIGNATURE	Senature, typed or printer lame of registered agent and	with	E: Registered Agent signa			,) / C	+103	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaig	n Financing	\$5.	00 May Be
10.	OFFICERS AND DIF							ed to Fees
TITLE ?	D CIFICERS AND DIF		11.	10	ADDITIONS/CHANGES TO	OFFICERS AN	ND DIRECTOR	RS IN 11
NAME STREET ADDRESS	BROSKOWITZ, BARRY 803 SWEETWATER ISLAND CIRCLE	☐ Delete	NAME STREET ADDRESS	Tres	ident		Change	☐ Addition
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			 -	☐ Change	Addition
NAME Street address			NAME				ondage	Addition
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TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. hereby ce	ertify that the information supplied with this	filing does not qualify for t			440.07(0)(0)			

12 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: